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DR. FULLER'S PRIZE DISSERTATION ON SCARLATINA ANGINOSA.

(Continued from page 293.)

CATHARTICS.—Calomel is almost the only cathartic required in the treatment of scarlatina. Its superiority over all others is evinced by its action not being confined to the alimentary canal, but by its ranging throughout the whole system, proving, says Dr. Cullen, "a stimulus to every moving fibre of the body;" also by its exciting a healthy action in all the secreting organs, especially in the liver. And here we may observe that in all the severe cases of scarlatina which we have attended, the secretions of the liver have been deficient in quantity and highly vitiated, which is known by the appearance of the dejections. Hence, like the epidemic cholera, all cases of scarlet fever which prove rapidly fatal, are distinguished by an absence of bile in the motions; therefore, in both these diseases, the most favorable circumstance is a plentiful flow of bile, and when this occurs we have never known the disease prove fatal. Hence calomel, independent of its cathartic effect, has great claim to our attention, inasmuch as it is the most efficient of known remedies in exciting a healthy secretion and flow of bile. Furthermore, in scarlatina, smallpox, and all other eruptive diseases attended with fever, calomel, judiciously employed, appears to be almost a specific; it seems to exert some peculiar action or controlling power over all contagious diseases. In ardent and congestive fevers, also, from whatever cause they may originate, it is one of the most effectual remedies in the whole range of the *materia medica*, and, according to our experience, is far superior to any other article in equalizing the circulation, which is so much deranged in all congestive fevers.

"It is still," says Dr. Armstrong, "too much the fashion to declaim against the bold administration of calomel, in the commencement and progress of ardent fevers, as if it was neither dangerous to trifle away those precious moments in *palliatives*, nor judicious to attempt a radical cure. Only let practitioners put calomel fairly and extensively to the test in febrile diseases, and we shall soon cease to have imaginary and unfounded clamor against its free employment; for here it is a medicine which, like an injured and innocent individual, will have its character restored, by an impartial and strict examination. We have often erred in our opinion of calomel, from considering its operation the same in ardent fevers, as in affections unattended with increased heat. But its effects are varied by the condition of the body under which it is given, and where it has to encounter a high febrile action, the system receives

no shock from its free administration, as its main force is spent on the reduction of morbid action alone."—*Armstrong on Scarlet Fever.*

But after the morbid action has been reduced, the mercury must be withdrawn; for if continued after that period, it will debilitate and retard the recovery. If we may be allowed the expression, we should call the excretory ducts of the secerning organs the safety valves of the system. Hence, whenever nature becomes oppressed, she relieves herself by an increased flow of saliva, bile, urine or perspiration; and we know of no process, with the exception of bloodletting, and perhaps cathartics, which will so soon remove congestions of the brain, lungs, liver and other important organs, as the increased flow of saliva, bile, perspiration, and an increased flow of mucus from the membranes of the lungs, caused by a judicious employment of calomel. Nor are the good effects of calomel confined to its influence over the secretions, for under its use the circulation is restored to the capillaries, and the internal congestions thoroughly removed by the action of the calomel pervading the whole system.

In almost all cases of scarlatina the stomach is exceedingly irritable, and therefore in as many as eight out of ten cases we prescribe a cathartic of calomel, in divided doses, at the very commencement of the disease, in preference to an emetic. If called to the patient during the first, or stage of depression, before the fever has commenced, calomel may be given by itself, in the dose of from one to ten grains every hour, according to the age and condition of the patient. This is better practice than to give larger doses at longer intervals, for it is of much greater importance to restore the biliary secretions than to move the bowels. But if it does not procure dejections in the course of ten or twelve hours, ten grains of jalap may be given with every other dose of the calomel, until it acts freely upon the bowels. If the jalap is rejected, and the bowels remain obstinately constipated, croton oil will assist the cathartic action of the calomel, and will be more apt to be retained on account of its bulk. After the calomel has acted thoroughly as a cathartic, it may be in part or wholly withdrawn, and in mild cases no further use of it is required.

When the stage of excitement has succeeded that of depression, before the patient is visited by the physician, the calomel should be given combined with the pulvis antimonialis and the camphorated nitre, as before directed, and the combination continued until it acts on the bowels. In very severe cases of the highly inflammatory or congestive scarlatina, the calomel should be continued in diminished doses until the increased action abates, or until ptyalism begins to take place, when it should not be further continued. This course of medication we have generally found far more efficacious than the general practice of premising an emetic, especially if there is a tenderness in the region of the stomach, and other symptoms of gastritis.

Bleeding.—Much difference of opinion exists respecting the propriety of bleeding in the treatment of scarlatina. The intense heat of the skin, and other formidable inflammatory symptoms, seem to urge the necessity of bleeding as freely in this disease as in other phlegmasiæ;

and some of the old physicians did bleed, but in the hands of most of them it was practised with very indifferent success, in consequence, perhaps, of bleeding at an improper time, or by carrying the depletion too far. "I have seen," says Morton, "three hundred die weekly, suddenly suffocated in the second stage of the fever, and while laboring under angina or pneumonia." Huxham abandoned venesection and prescribed bark. In 1763 Dr. Watson practised bleeding, and lost one in six of his patients. Since the commencement of the nineteenth century, Drs. Southwood Smith, Armstrong and Mackintosh, are the greatest advocates for general bleeding in scarlatina.

Dr. Armstrong thinks venesection indispensable in the treatment of the highly inflammatory and in the congestive forms of the scarlet fever, for in post-mortem examinations he has observed that inflammation of either the brain, throat, lungs, liver, stomach or intestines, is always the cause of the fatal termination. "Visceral inflammation has almost invariably a natural tendency to terminate fatally; depletion produces debility only, and debility alone is rarely the cause of death in fevers." —*On Scarlet Fever, page 27.*

In consequence of the appearance of dissections after death, Dr. Mackintosh, in his Practice of Physic, p. 188, Vol. I., observes that "bleeding to a sufficient extent ought not only to relieve the constitutional symptoms, during the eruptive fever, but after the eruption has appeared ought to destroy it. Observations and experiments frequently performed, and repeated by myself and my pupils, enable me to state that these are facts which I shall not be afraid to repeat before the highest authority in the profession, and stake my professional reputation upon the general result of the plan."

Dr. Morton, of Philadelphia, says, "In my own practice I have resorted to bleeding in every severe case, and with the most gratifying results. It is almost in vain to treat the congestive form in any other way."

Broussais says (Pathology, p. 196), "Gastro-enterite alone, or accompanied with angina tonsillaris, is the precursor of the eruption of scarlatina. And it is the visceral phlegmasia which constitutes the whole danger of the disease. Hence the principal indication is to facilitate the eruption by moderating the excess of visceral inflammation at the commencement, and this is common to all the phlegmasiæ."

In the milder forms of scarlatina, bleeding is altogether unnecessary and may do harm; but in the most violent inflammatory forms of the disease, it is one of the most important remedial measures, according to our experience, which can be prescribed, provided that it is employed at the very commencement of the stage of excitement, or otherwise it may be productive of much harm. And it appears to us that the discrepancies of physicians respecting the employment of venesection in the scarlet fever, originated in the different stage or period of the disease when the remedy was employed. One physician bleeds at the beginning of the stage of excitement, and succeeds in moderating the fever and obviating the fatal tendency of the disease. Another bleeds twenty-four hours after the stage of excitement has commenced, and after a

fatal lesion has taken place in some one of the most important vital organs, when bleeding will generally hurry on the fatal termination. Hence, one may be extravagant in the praise, and the other in the dispraise, of the same remedy.

It should be repeated again and again, that the general excitement in the highly inflammatory scarlatina is short and excessive, and all the putrid and other bad symptoms which follow are the result of the excessive action in the stage of excitement, as the severity of this stage itself is in proportion to the severity of the cold chills and depression which precede it in the first stage; and unless this excessive action can be moderated before it produces a fatal lesion in the brain, lungs, liver, spleen, or some other important viscus, the patient will be lost. Therefore whatever is done must be done quickly; every moment is precious, and the loss of a single hour may decide the fate of the patient. Hence, as soon as the stage of excitement has commenced, and there is a thrilling heat of the surface, the patient should be bled in an erect posture, until fainting approaches, when if the heat of the skin is not much reduced, the venesection may be followed by cold affusion, or by sponging the whole body with cold water or with vinegar and water, and repeating it as often as the surface of the body becomes excessively heated. One bleeding followed up with the cold affusion or sponging, and the internal use of the calomel, pulvis antimonialis and nitre, combined in appropriate doses, every four hours, are generally sufficient to arrest the fatal progress of the disease; but though a repetition of the bleeding may not be necessary, yet it is often important to apply leeches to the temples, chest, region of the liver or stomach, whenever either of these organs appears to suffer most from the disease.

Leeches may also be employed to remove some local affections of the disease, as in swelling of the parotid glands, when general bleeding is unnecessary, and likewise in the case of infants under three or four years of age, and in all cases where venesection is impracticable. After the first twenty-four hours of the stage of excitement has passed away, leeches may be applied to remove local symptoms, but general bleeding at this period would often hasten the death of the patient and bring the remedy into discredit; even the local bleeding and sponging, or affusions, must be confined to the stage of excitement, and the other febrifuge remedies to the first and second stage only; for if continued after the stage of collapse has taken place, they never fail to do injury—but in the forming stage, during the depression, when the stomach is very irritable and there is a tenderness at the scrobiculis cordis, the application of six leeches to the region of the stomach will lessen the excessive reaction and prove a most important remedial measure.

The practitioners of former times, dreading the putrid symptoms of the third stage, which were sure to follow the stimulant treatment then employed, urged upon practitioners the necessity of preserving the patient's strength in the two first, in order to enable him to bear up under the debility and collapse of the third stage. Under this false impression, bleeding, emetics, cathartics, and other febrifuge remedies, were prohibited, and bark, aromatics, wine, brandy and other cordials, were ad-

ployed from the commencement of the disease—medicines eminently calculated to produce the very consequences they were given to prevent. These remedies added a fresh impetus to the already fatal excitement, and hastened on the destruction of the organic tissues of some of the most important vital organs, and the following collapse was always in exact proportion to the previous excitement.

Since the days of Sydenham, we hear much less of putrid fevers than before that period, for before his time almost all fevers were treated with stimulants, elixir pharmatics and cordials, together with heated rooms and sweating drinks; but since the cooling practice, with free ventilation, has been substituted, excessive excitement, with all its train of evils, has been prevented, and the patient has escaped unscathed, through every stage of the disease.

In the congestive form of scarlet fever the attacks are sudden and overpowering, though they may be preceded for one or two days by languor, loss of appetite, pain of the head, paleness of the face, slight chills and some obscure febrile flashes—symptoms which seem to forbid the employment of bloodletting. Yet unless venesection is performed within the first twenty-four hours after the occurrence of the overpowering oppression, the patient is generally lost; or if the bleeding is performed after the first day of the oppression, it will generally hasten on the stage of universal collapse. Hence the necessity of more strongly urging the employment of early bleeding than in the inflammatory form of scarlet fever; every moment is precious, and sometimes the loss of a single hour determines the fate of the patient.

From the great depression of the powers of life in congestive fevers, many physicians forbid the use of the lancet, forgetting that life is not endangered by debility, but by an almost stagnant fulness of blood in the large veins, and in the right side of the heart, and that some of the blood must be removed before the balance of the circulation can be restored, and the heart perform its proper functions. But generally, previous to bleeding, the patient should be put into a warm bath of salt and water, a few degrees above blood heat; or if this cannot be had, the patient should be wrapped in a blanket wrung out of the salt and water, as warm as he can bear it, and then wrapped in another dry blanket or sheet and put into a warm bed, well covered. To keep up the heat of the extremities, a jug of warm water should be applied to his feet. Some have preferred billets of wood taken out of boiling water, wrapped in flannel and applied around the patient when in bed; whilst others prefer sweating by means of the spirit lamp. Either of these may be used, according to the fancy or convenience of the practitioner. Frictions, either with flannel or with the flesh brush, may also be employed; and if the oppression is very great, some warm wine or brandy and water may be given at the same time; and when, by these means, the circulation of the skin is restored, a vein should be opened and a moderate quantity of blood abstracted whilst the patient is in a recumbent position. When blood cannot be taken from a vein, it may be drawn from the temporal artery; and while the blood is flowing, the physician should place his finger upon the artery, and if the strength of

the arterial pulsation increases as the blood flows, he may proceed until from twelve to twenty ounces are taken from an adult. But should the pulse grow weaker, and the patient discover symptoms of fainting, it is probably at too late a period of the disease to bleed, and therefore it must be immediately stopped; for in all fevers of this kind, fainting increases the congestions in the large vessels, and consequently increases the danger of the disease; therefore to prevent this occurrence a spoonful of the warm wine or brandy and water should be occasionally given during the process of bleeding. In this manner sufficient blood may be abstracted to relieve the oppression, without the danger of a fatal collapse. The blood at first may only ooze from the orifice, guttatim, but generally, with a little patience, a stream is at last obtained. After bleeding, the warm wine may be continued until some degree of arterial reaction takes place; with the same intention, also, the external frictions, with the warm and steam bath, may be continued until reaction is fairly established. In the mean time calomel, from one to ten grains, should be given every hour, and stimulating injections of salt and water thrown up the rectum, and repeated every hour until the bowels are thoroughly evacuated, when the injections may be suspended, and the calomel continued in smaller doses, and given at longer intervals, until a healthy secretion of the liver and a copious flow of bile is induced, when the danger of the disease may be considered as having passed away, especially if a universal excitement has taken place, and all the secreting organs have resumed their healthy action—for nothing tends more effectually to remove congestions, than a due performance of the healthy functions of these organs. The buffy coat of the blood appears only in diseases of increased arterial action; therefore in congestive fever it is without the inflammatory crust, but this is no test of the necessity of bleeding. Where general bleeding cannot be practised, it is often extremely beneficial to apply leeches to the temples, throat, lungs, or the region of the stomach or liver, whenever either of these organs is particularly implicated; they may also be employed after general depletion has been omitted, when any one of these organs appears to suffer very much from the complaint.

Let the physician always bear in mind that in the first stage of congestive fevers the system is not exhausted, but *oppressed;* and if the first stage pursues its course unmolested, a universal collapse, accompanied with a disorganization of the viscera, always follows; hence a judicious application of remedies in the first stage affords the only chance for recovery.

The old practice of stimulating in scarlet fever is fast giving place to the more rational practice of depletion amongst all sorts of practitioners who read and reflect much, and the result is, that few now die, in comparison with the former numbers.

The successful treatment of congestive fevers long ago recommended by Sydenham, seems to have been forgotten by the practitioners of Europe and America. "But if it be inferred," says he, "that there is some malignity in the case, not only from the purple spots, but also from finding the symptoms of the fever milder sometimes than should seem agreeable to its nature, whilst notwithstanding, the patient is more

debilitated than could be expected for the time, I answer that all these symptoms only proceed from nature being, in a manner, oppressed, and overcome by the first attack of the disease, so as not to raise regular symptoms adequate to the violence of the fever; all appearances being quite irregular. From the animal economy being disordered, and in a manner destroyed, the fever is thereby depressed, which in the true natural order rises higher. I remember to have met with an instance of this kind, several years ago, in a young man I then attended; for though he seemed in a manner expiring, the outward parts felt so cool that I could not persuade the attendants he had a fever, which could not disengage and show itself clearly, because the vessels were so full as to obstruct the motions of the blood. However I said they would soon see the fever rise high enough upon bleeding him. Accordingly, after taking away a large quantity of blood, as violent a fever appeared as I ever met with, and it did not go off until bleeding had been used three or four times."—*Swan's Sydenham, page* 567.

This practice of Sydenham has been successfully applied to the treatment of the congestive form of scarlatina, and the following case, treated by Dr. Howell, is so much in point, we take the liberty to transcribe it.

"After a long march in wet weather, a lieutenant, of rather a full habit, aged 18 years, was seized with scarlatina, and the eruption receded on the second day. He grew gradually worse; delirium came on, followed by subsultus tendinum to an alarming degree, and he picked the bed clothes, and raved incessantly for four nights and three days. A dozen leeches had been applied to his head previous to the occurrence of the delirium, and the cold affusion and purgatives had been resorted to in vain. In this almost hopeless state, the pulse evidently sinking, and the action of the heart scarcely to be felt, the temporal artery was opened, as the most rational and only chance of relief. For some time the blood scarcely trickled down his cheek, and the motion of the artery was not perceptible. In a few minutes, however, the pulsations became evident; the artery, every instant, seemed to be regaining its strength, and the blood was at last thrown to the distance of a foot or more. So instructive a lesson could not be disregarded; and to have bled by ounces," continues Dr. Howell, "might have terrified us before relief was half obtained; we therefore persevered until the circulation was relieved, and the heart more equable in its action. The young man became more tranquil, and in a few hours fell into a profound sleep, which lasted nearly twenty-four hours. He awoke from every symptom, and recovered in a most rapid manner. The blood taken away weighed fifty-three ounces and a half."

"This case," says Dr. Armstrong, "may be paralleled, but cannot be surpassed in interest; and no lover of medical science or of human nature can peruse it without a feeling of admiration towards the man who suggested and applied the remedy. Under such circumstances, most practitioners would have had recourse to diffusible stimulants, and the patient would have perished from the congestion, and from the practice pursued."—*Armstrong on Scarlet Fever, page* 62.

[To be continued.]

DIETETICS—DR. ALCOTT'S WORK.—No. II.

[Communicated for the Boston Medical and Surgical Journal.]

THERE is probably no country of equal extent in the world, where the average of human life is so great as in New England. Probably the deaths in our country villages do not, on an average, amount to more than one in seventy, annually. Foreigners have been often surprised, on going into our burying grounds, at the large proportion of persons who have died at the age of seventy and upwards. Probably one in six of those born in New England lives to the age of seventy, and perhaps one in ten to that of eighty years. It is true, there may be, among us, fewer instances of extreme longevity, or of those who survive and pass their hundredth year, than in some other countries; but this is not inconsistent with the facts I have stated. The number of centennarians to be found among the slave population at the South, is remarkable. Their proportional number is many times greater than among the New Englanders; and yet, the latter are much longer lived, on the average, than the slaves of the South. Besides, it ought to be considered that human life is of comparatively little value after the period of seventy or seventy-five; for at that age, at the latest, man's faculties begin to undergo a rapid decline—his activity and energy and power of endurance are gone, and his usefulness nearly at an end.

Not only are the New Englanders long-lived, but they are, as a body, healthy, hardy, stout, muscular, fully developed in body, and well formed (I speak, more especially, of the agricultural portion of them—that portion which constitutes the great mass of the population). In these particulars there is no people that excels them.

When we recollect the things which have been alluded to, and, at the same time, take into consideration the well-known, and, for the present purpose, all-important fact, that these same New Englanders are what may be called the freest and best livers on the globe, have an abundance of all the good things of the world, and partake of flesh and fish and fowl liberally, none being so poor as to be unable to obtain these *necessaries* of life, as they would be called—when, I say, we consider all these things, and the obvious conclusions to be derived from them, it seems folly to be wasting the breath, to be preaching and prating forever about the perils of good living, and the dangers of eating flesh. Surely that kind of diet and those modes of living cannot be the worst in the world, cannot be very injurious, which are attended by such happy and healthful results. Were animal food as poisonous, as noxious to health and life, as the bran-bread gentlemen would persuade us to believe, why was not the universal yankee-nation long ago extinct? How can they have a face to live, year after year, in the face of such very excellent reasons for dying every day? How does it happen that the very people who eat a greater proportion of flesh than any other, and whose habits are, consequently, worse than any other, have, at the same time, better health, longer life, more robust bodies, and a little shrewder minds, than any other? I feel curious to know how Dr. Alcott will answer these questions—how he will reconcile these *facts* with the dogmas he

preaches. Will he attempt to reconcile them?—or will he not rather lead us aside to hear Mr. Graham's opinions, and then endeavor to amuse us with some practical illustrations of the effects of bran-bread and dried apples, spreading out before us his own case, and then, in long array, the cases of half a dozen gaunt, wry-faced, lantern-jawed, ghostly-looking invalids, who, he declares, are so many walking proofs (those that are able to walk) of the beautiful results of his system?

I do not deny that a man may eat too much—that many, in this land of plenty, do eat too much—that New Englanders, as well as every other people, are occasionally intemperate in food as well as in drink. But I do deny that this is one of our great national evils, and particularly among our agricultural people—the people of which I more especially speak. If intemperance of the kind alluded to is found at all, it is not, as a general rule, among the *mass* of our population—in our villages and among the hardy cultivators of the soil; but in our cities, and among professional men, and those of sedentary habits—those of impaired health and broken-down stomachs. It is not those who are well, those who have good appetites which they are accustomed to gratify, thanking God and asking no questions, who are in danger of erring either in the quantity or quality of their food. It is only those who are already sick, whose appetites are strong and bodies weak, that require the check of artificial rules and admonitory lessons. The sick, it may be, cannot be trusted with the plain business of taking their food in the way that nature seems to dictate; but the well, as a general thing, may be so trusted. The appetite, with them, is a safe and competent guide. With nothing but plain fare and substantial dishes, such as are found among our hardy yeomanry, there is no danger of healthy men killing themselves with eating. They are not the class of those who run after mountebank lecturers on health for advice. They are not to be benefited by the discoveries of certain cranium-cracked dyspeptics, or their vaunted system of living. They have within themselves a sure guide to which they trust themselves at the table, and which never misleads them or jeopards their safety. They give themselves up to the impulses and checks of nature, and are not betrayed.

I do not mean to say that there are not many persons who may live, and, it may be, thrive, on an exclusively vegetable diet. Those who take little bodily exercise, the sedentary, the studious, and especially such as have abstained from flesh in early life while the constitution was forming, may, at least, very often, appear well nourished without the aid of animal food. Such is the accommodating power of the human system, such its success in resisting or overruling all sorts of influences, even such as are of a decidedly noxious tendency, that a man may live, and perhaps grow fat, for a season, on almost anything which contains the materials of nutriment, and which does not entirely resist the action of the digestive organs. This power of adaptation to circumstances will preserve us harmless, to a certain extent, and within certain limits, whatever the situation in which we may be placed, or whatever the habits it may be necessary for us to adopt. We may live in Iceland or under the equator. We may take more or less food, more or less drink,

more or less sleep, and more or less exercise, and all with perfect impunity. It is very true, in our irregularities, we must not pass over certain limits, but within these prescribed bounds we may range about at our pleasure.

Though we very frequently meet with persons, especially women, who get along very well without animal food, such persons, on careful inquiry, will generally be found to enjoy very imperfect health. Whatever may be the reason, it is almost universally the fact that the vegetable-eaters among us (I do not forget what Dr. Alcott says of himself) are a very complaining sort of people. They are delicate, nervous, dyspeptic, and unusually susceptible to all sorts of influences. They have sallow or pale countenances, a lax fibre, little muscular strength, and are incapable of any fatiguing or laborious employment. These characteristics of the vegetable-livers are, doubtless, very often the result of inadequate nourishment, depending on feeble digestive powers and innutritious diet.

An exclusive vegetable diet is sometimes necessary as part of a course of medication. Medical men are in the habit of proscribing animal food in a great variety of diseases. In certain states of the digestive organs, and in some kinds of dyspepsia, nothing but the simplest, plainest food can be borne. In chronic gastritis, flesh or fish would be obviously improper. There are, too, certain idosyncrasies (though these are commonly the product of disease) which seem to require the vegetable plan of living.

However it may be with certain persons, invalids, dyspeptics, those of delicate health, of studious habits, or sedentary employments, I regard it as certain that a change in the dietetic habits of the mass of our people, such as Dr. Alcott and his associates are endeavoring to effect, would be productive of great evil. It is true, there is no great danger that their endeavors will be crowned with success. They may preach till doom's day about the perils of eating flesh, or the excellencies of the bran-bread system, without effecting the revolution they desire, and without being much followed except by their own immediate disciples. Nevertheless, the doctrines they advocate are false and of injurious tendency, and serve to agitate, unnecessarily, the public mind. Invalids who attempt to follow their instructions often aggravate their complaints, while those in health are plagued and irritated by the incessant croakings and groanings of a sort of men they cannot understand. The attention of all, sick or well, is turned to their health, and they become anxious to know what they shall eat and what they shall drink. People thus become accustomed to think about themselves, to watch the operation of the organs, and to be over scrupulous and whimsical about their food, and drink, and whatever concerns their bodies. The worst thing one can possibly do to a sick person, and particularly a dyspeptic, is to set him to thinking about his own complaints; and the surest way to make a well man sick is to alarm him about his health, to set him to watching his stomach and quarrelling with his food.

I regard a great majority of the books and periodicals which have been published within the last dozen years on health, and which have

been addressed to the public, as so many nuisances. They have caused and aggravated, beyond calculation, the class of complaints which they were intended to prevent and remove. They have been written, generally, by misguided men, or by those ignorant of the nature of the evils they would remedy, of the influence of the mind upon disease, and of one function upon another. The authors of these works, it is true, have sometimes been medical men; but they have generally been mere M.D.'s—physicians without practice and without knowledge. Dr. Alcott need not think we mean *him*, as he is sometimes apt to do when the class of books spoken of is alluded to. I have already spoken in a complimentary manner of his labors. With those compliments he must be contented.

(To be continued.)

To the Editor of the Boston Medical and Surgical Journal.

Sir,—I transmit with pleasure the following account of a remarkable case of dropsy, furnished by Dr. J. B. Whitridge, of Charleston. Dr. W. holds an eminent rank in the profession, and I trust that the pages of the Journal will often be favored by communications from such a distinguished source.

Yours, truly,

Boston, October 16, 1838. E. J. D.

DROPSY.

The facts of the following interesting and remarkable case of ascites, were furnished by John Whitridge, M.D., of Baltimore, in a letter to Joshua B. Whitridge, M.D., of Charleston, President of the Medical Society, and ex-officio of the Medical College of South Carolina.

Mrs. A—— B——, a native and resident of Baltimore, Md., of good constitution and industrious habits, was married to Mr. G***** B******, a German baker, in 1819, at the age of twenty-seven. Miscarried with her first child, at three months, in 1820. Second child stillborn, in July, 1824. Third, a son, born January, 1828, and now living. Fourth, also a son, born July, 1829, who is still living. Five months before the birth of this child, Mrs. B. began to be dropsical. She, however, continued, according to her own account, in good health and condition, but of a gradually increasing size, for about four years. Having now become too bulky either for comfort or activity—other means having proved ineffectual—the operation of paracentesis abdominis was performed by Dr. J. Whitridge, assisted by Dr. Corbin Amos, on the 18th of May, 1833, Mrs. B. then being forty-one years of age. Dr. W. drew off *eleven* gallons of serous fluid, with immediate and great relief to the abdominal distention of his patient, but not with an entire reduction of her enormous corporeal system—she then being in the ninth month of pregnancy. On the following Thursday evening, May 23d, he delivered her of a fine, fully developed, healthy boy, weighing between seven and eight pounds, which Mrs. B. afterwards

nursed. The child, however, survived but four or five weeks, and died of a bowel affection.

It is remarkable that Mrs. B. was able to keep about, and to be continually employed, up to the very day of the operation. Her recovery was rapid. In a short time she resumed her accustomed exercise and active habits.

It may be here observed, that the subtraction of the serous fluid, neither at this nor any subsequent period, although it of course relieved the immediate abdominal distention, and reduced the volume of an unwieldy system, did not increase her ability for active exercise and usefulness, in the domestic relation—but on the contrary, she was weaker, felt languid after every operation, and less disposed to attend to her accustomed avocations, than before. The presence of *some* serous fluid seemed to be a necessary stimulus to her system, and essential to healthful exercise, and a vigorous performance of her domestic duties.

A very slow but gradual accumulation of water took place, which induced the doctor to repeat the operation on the 21st of June, 1834. *Four* gallons only, or thirty-two pints, were then drawn off, after which Mrs. B. continued very well for about two years. But by the 9th of July, 1836, such an accumulation of water had taken place as to render another operation necessary, to which the doctor had recourse accordingly, and drew off *eight* gallons more. On the 8th of July, 1837, he again repeated the operation, and drew off *six* gallons. On the 7th of July, 1838, having no confidence in any remedial agent, which had or had not been tried, except the trocar—and having found, by experience, that the simple operation of paracentesis abdominis was not only the safest and easiest mode of relief, but the most expeditious and efficient means of obtaining the desired result—the doctor once more had recourse to it, and drew off *six and a half* gallons—making, in all, *thirty-five and a half* gallons, or two hundred and eighty-four pints, of aqueous fluid, which was subtracted at five different times, averaging about fifty-seven pints each time, during a period of between five and six years, in a disease of nearly ten years standing.

Mrs. B. is now forty-six years of age, has not menstruated since July last, and probably will not again have a regular return of the catamenia—this never before having been interrupted. She is free from anasarca, and that sallow or pale and doughy face, which so often characterizes hydropic subjects; but, on the contrary, has a clear skin, a bright animated countenance, indicating a cheerful mind. She is apparently free from any gastric or hepatic difficulties, and their attendant train of dyspeptic symptoms; eats and drinks without restraint, and with good appetite, digests well, and has the full enjoyment of the blessing of comfortable sleep; goes to market, walks all over town when necessary, attends to all the business of domestic and private life, not excepting that connected with her husband's calling; takes as much exercise in her sphere of action, as is consistent with the promotion or the preservation of the highest health; suffers no material inconvenience from a flaccid state of the parietes of the abdomen, and is not mentally distressed by not having a form as sylph-like as some of her sex; in short,

considers herself quite well, regarding, however, a recurrence of her symptoms as problematical. But whether they will ever return, must be left to the revelation of time—to which we so often look, and upon which we so much rely, for the development of important TRUTH.

October 10*th*, 1838.

BOSTON MEDICAL AND SURGICAL JOURNAL

BOSTON, NOVEMBER 7, 1838.

DR. HARLAN'S CABINET.

A CATALOGUE of Dr. Richard Harlan's private collection in comparative anatomy, advertised for sale at Philadelphia, shows that he is offering a valuable cabinet to the first man or institution in want of it. Unless disposed of by private sale within a month or two, at farthest, he proposes carrying it to Europe, where he intends to remain two or three years. There are articles, and some of them of rare value, amounting in all to 700 specimens. First, there are thirty skeletons of animals, birds, &c., including the bones of a horse 22 hands high, and the skeleton of a man 6 feet high, as a rider. Next, 41 skulls, each one possessing rare interest, either on account of its individual history, or the race of men to which it belonged. Besides, there are 102 skulls of animals, which are not to be found in the same order and of equal value in America. The immense number of teeth, and preparations in spirit, together with the fossil remains of extinct families of animals, are too numerous for specification in this place. In this group are 200 labelled specimens from fossil bones, shells, &c., illustrative of Whealand and Tilgate forest, and 100 of the chalk fossils, in England.

If the Natural History Society of Boston cannot afford to purchase this rare museum, we would suggest that the University, with its ample means, take it into keeping. It would indeed be lamentable to have it distributed piece-meal through the earth. If there are no institutions in this city sufficiently alive to their own interests to secure this treasure, have we not individuals abundantly provided with the means for indulging themselves with such valuable materials for studying the works of their Creator? We are unwilling to admit there is not enterprise enough, in New England, at least, to save this collection whole in the country where it has been formed.

Compound Sliding Truss.—Dr. Fletcher has invented an ingenious instrument, a model of which has been recently completed, which seems to combine the advantages of Dr. Chase's with those of Drs. Corbett's and Gregory's. In calling it a *compound sliding truss* we may have applied a wrong name—and one for which Dr. Fletcher may not feel at all obliged; still, the manner of lengthening the spring by sliding one portion over the other, and the self-adjusting character of the pad, which is of wood, together with several curious combinations of springs, wheels, teeth and screws, seemed to indicate the above cognomen as most ex-

pressive. As soon as the instrument is ready for the public, accompanied by drawings, illustrative of the mode of application, the inventor intends to place it in the hands of physicians and surgeons. On the whole it may be regarded in the light of an improvement ; and this we are constrained to admit, notwithstanding the great perfection we have heretofore believed had been attained in truss-making. There is no reason why Dr. Fletcher should not reap the benefit of this mechanico-philosophical contrivance, which professes to relieve a most serious misfortune. From appearances, the cost will not be high, which is much in its favor. Like artificial teeth, as a general rule, trusses have cost more than they were worth. If this one can be sold reasonably, there is no fear for its destiny. But more hereafter on this subject.

Dr. Luzenburg.—It is not our intention to enter into an examination of the causes which produced the expulsion of Dr. Luzenburg from the Physico-Medical Society of New Orleans, as narrated in the printed manifesto which is now before the public. Of one fact there cannot be a single doubt, viz., that he must have greatly disgusted a body of high-minded men in the City of New Orleans, to have compelled the association to act with such decision. And were it not true that he had forfeited all claims to respect, both as a gentleman and professional man, it seems impossible that there could have been such spontaneous opposition manifested towards one whom the members had delighted to honor.

Essex Southern Medical Association.—The police regulations of this Society, whose place of meeting is at Salem, is a compact little pamphlet, which seems to have been printed a considerable time, though we never happened to receive one till last week. It principally relates to consultations, interferences, differences of physicians, discouragement of quackery, conduct for the support of the medical character, &c., which if strictly complied with by the members, must long ago have made them the happiest people in the profession. It is understood that there is a fine library, perhaps a cabinet and a series of interesting records. Dr. Peirson, or some of his neighboring brethren, will much oblige us by transmitting some account of the history of the association and the results of its labors.

Medical Miscellany.—In no former year have the people of the beautiful island of St. Croix enjoyed such uniform good health as the present. Although the weather has been exceedingly hot, the thermometer has never ranged, at any time of day, above 71 degrees. A writer says that he does not know of a single death by fever, unless some European sailor may have lost his life in that way, induced by imprudent conduct. —Dr. W. W. Gerhard, of Philadelphia, a gentleman whose name is familiar to the profession, has become one of the editors of the Medical Examiner. This periodical contains a list of all the surgical cases in the Pennsylvania Hospital, with the immediate treatment adopted.—In a notice of Dr. Charles Hooker's essay on the relation between the respiratory and circulating functions, published in the last volume of this Journal, the editor of the Louisville Journal of Medicine and Surgery says —"This is a very able paper on a subject but little understood. The observations are correct, reasoning accurate, and inferences logical."

Of Dr. Davenport's case of laceration of the iris, he says—"Under all the circumstances it may be regarded a very interesting case, and one which speaks very commendably of the surgeon."—We learn, by the papers, that the operation of tying the subclavian artery was successfully performed, lately, by Dr. G. H. White, of Hudson, N. Y. We should be pleased to publish a report of the case, from the operator.—A dreadful mortality is represented to be raging among the emigrant Indians.—A case is related, in a New York paper, of the spontaneous bursting of the digital arteries of the middle finger of the left hand, on the second joint. Dr. Bostwick, the surgeon, cauterized the wound, and in eight days the finger was well.—A Dr. Foltz is said to be preparing a work on the effects of climate and *isothermal influence*.—The scurvy has broken out in the vessels of the French blockading squadron in the Gulf of Mexico, which has proved very destructive to the seamen and officers. It is also announced that the yellow fever has appeared and proved fatal to some of the prominent officers of the expedition.—Cases of plague have appeared near Constantinople, and the Government was unusually active, by the last advices, in trying to stay its progress.—Dr. John Torrey, of New York, is about publishing a large work on botany, in three closely printed octavo volumes, at $4,50 per volume.—There has not been much abatement of sickness at Peoria, Illinois, for some weeks. Many valuable lives have been lost by the prevalence of the present epidemic.—A donation of ten thousand dollars, from the late William E. Payne, has been received by the treasurer of the Eye and Ear Infirmary in this city.—Gaudaloupe seems to have suffered, to a very severe extent, the present season, by yellow fever. The European officers connected with the military force were all swept off in the latter part of July.—Several persons have died in England, of late, by taking excessive quantities of Morison's pills.—It is now positively announced that the yellow fever has nearly, if not wholly, disappeared from Charleston, and strangers can go there with impunity.

☞ Hosack's Practice of Physic, Mr. Combe's translation of a treatise on the Functions of the Cerebellum, and an account of a late meeting of the British Provincial Medical Association, with other favors, will have early attention.

DIED,—At St. Johns, N. B., deeply regretted, Dr. Thomas Paddock, a distinguished physician and surgeon, aged 48.—At Cambridge, Mass., Dr. J. W. Valentine, late of Charlestown, an estimable man.—At Canaan, N. H., Dr. Columbus Gates, 34, late of Boston.

Whole number of deaths in Boston for the week ending Nov. 3, 35. Males, 17—females, 18.
Of consumption, 3—burn, 1—disease of the head, 1—fits, 1—rheumatic fever, 1—typhous fever, 1—inflammation, 1—scarlet fever, 2—croup, 4—pleurisy fever, 1—teething, 2—hooping cough, 2—cancer, 1—old age, 1—brain fever, 1—diarrhœa, 1—canker, 1—child bed, 2—inflammation of the bowels, 1—chronic inflammation of the stomach, 1—accidental, 1—stillborn, 4.

NEW LEECH ESTABLISHMENT.

THE medical profession are hereby informed that the subscriber has made such arrangements that he will be able to supply them with the best Foreign Leeches, at the lowest market price. They will be safely put up in boxes, with the clay in which they were imported. Physicians may be certain that careful attention will be given to their orders.

SETH W. FOWLE,
Oct. 17—1yeop 33 Prince St. corner of Salem St. Boston.

AN EXCELLENT CHANCE FOR A PHYSICIAN.

THE subscriber, the only physician in the town, offers his stand for sale, situated in Lempster, N. H. in a pleasant village, consisting of an excellent two story house, well finished and nearly new, with a back kitchen, wood house and barn, so constructed as to make it a very desirable situation for a physician—a good well of water under cover by the kitchen door. About one acre of land, under high cultivation. The town contains over 1000 inhabitants. Nearest physician from five to seven and a half miles. Price less than $1000.

Oct. 17—3t TRUMAN ABELL.

ALBANY MEDICAL COLLEGE.

The public course of lectures in this Institution will commence on WEDNESDAY, the 2d of January, 1839, and continue sixteen weeks. The new and extensive College edifice, which has been completed during the past summer, is situated in a central position, and in architectural character, dimensions, and internal arrangement, is admirably adapted to the purposes of medical instruction. The museum of the institution occupies a room fifty feet square, two stories high, with a gallery, and glass cases above and below. It is furnished with an extensive and choice collection of specimens in healthy and morbid anatomy, together with casts, models, plates, and magnified drawings in great variety, and every kind of preparation necessary to illustrate the departments of Anatomy and Physiology, Surgery and Obstetrics. The other departments are provided with ample means for illustration, and with all the apparatus and materials necessary to render the courses full, practical and complete. The Anatomical Theatre, which will be appropriated to all the demonstrative branches, is fifty feet square, with seats for 400 persons, arranged in a circular manner around the area for the lecturer, which is lighted by a large dome and sky-light immediately above it. The dissecting rooms, which are spacious and convenient, will be kept open during the term, under the immediate charge of the Professor of Anatomy, by whom every facility will be provided for the cultivation of practical anatomy and operative surgery.

The Chemical Laboratory and other apartments are large and commodious, and well adapted to the purposes for which they are designed. The course in Chemistry and Natural History will be illustrated by extensive and richly furnished collections in Mineralogy, Geology and Botany, and to some extent in Comparative Anatomy. In Materia Medica and Medical Jurisprudence, as well as in the other departments, it is designed to exhibit as many facts and illustrations as possible, and to render every subject, so far as is practicable, a demonstrative one.

There will be clinical instruction in Surgery and Practice every Saturday during the term, at the hospital connected with the Almshouse, where there will be opportunities of witnessing a great variety of cases and surgical operations. All operations on the poor will be performed gratuitously (if in the presence of the class) during the term.

Degrees will be conferred at the close of the term, and all the powers and privileges conferred by other medical institutions of the State, will be secured to the graduate. The requirements of candidates for graduation are the same as at other institutions.

The lectures in the different departments will be delivered as follows:

Principles and Practice of Surgery, by - - - - - -	ALDEN MARCH, M.D.
Theory and Practice of Medicine, by - - - - - - -	DAVID M. REESE, M.D.
Chemistry and Natural History, by - - - - - - -	EBENEZER EMMONS, M.D.
Anatomy and Physiology, by - - - - - - - -	JAMES H. ARMSBY, M.D.
Obstetrics and Diseases of Women and Children, by -	HENRY GREENE, M.D.
Materia Medica and Pharmacy, by - - - - - - -	DAVID M. M'LACHLAN, M.D.
Medical Jurisprudence, by - - - - - - - - -	AMOS DEAN, Esq.

The price of tickets to all the lectures is $65. Graduation fee, $20. Matriculation fee, $5. Dissecting fee, $5. Graduates, licentiates, regular practitioners, and students who have attended two full courses of lectures at any incorporated institution, are required to pay only the matriculation fee.

The price of boarding and lodging varies from $2,50 to $3,00 per week.

Albany, 1838. O31* J. H. ARMSBY, *Dean of the Faculty.*

SCHOOL FOR MEDICAL INSTRUCTION.

The Subscribers propose establishing a private Medical School, to go into operation the first of September next. The advantages of the Massachusetts General Hospital and other public institutions will be secured to the pupils; and every attainable facility will be afforded for anatomical pursuits.

Regular oral instructions and examinations in all the branches of the profession, will form a part of the plan intended to be pursued.

On the Practice of Medicine and Materia Medica, by - - -	DR. BIGELOW.
On Anatomy and Surgery, by - - - - - - - - - -	DR. REYNOLDS.
On Midwifery and Chemistry, by - - - - - - - - -	DR. STORER.
On Physiology and Pathology, by - - - - - - - - -	DR. HOLMES.

Dissections will be carried on throughout the year, and a course of Lectures on Practical Anatomy and Surgery will be given in the interval between the Medical Lectures of Harvard University.

A room will be provided in a central part of the city, with all the conveniences required by students.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, August 17, 1838.

Aug 22—ep3m

PRIVATE MEDICAL INSTRUCTION.

The subscribers are associated for the purpose of giving a complete course of medical instruction. Their pupils will have regular access to the medical and surgical practice of the Massachusetts General Hospital. They will be admitted, also, to the practice of the House of Correction, which constantly presents a large number of important cases, and where opportunities will be afforded for acquiring a practical knowledge of compounding and dispensing medicines. They will be furnished with opportunities for the study of Practical Anatomy, not inferior to any in the country. To the pupils, particularly to those in the last year of their professional studies, facilities will be afforded for acquiring a personal acquaintance with private medical and obstetric practice. Instruction by examinations or lectures will be given in the different branches of medical studies, during the interval between the public lectures of the University. Books, and a room with fire and lights, will be furnished to the students at the expense of the instructers.

GEORGE C. SHATTUCK,
WALTER CHANNING,
JOHN WARE,
GEORGE W. OTIS, Jr.
WINSLOW LEWIS, Jr.

Oct 31—eptf

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